

Roberant Ltd

Golden4 Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Golden4 Care is a domiciliary care service providing personal care to six people in their own homes at the time of the inspection. This service was registered with us on 29 January 2019 and this is the first inspection.

People's experience of using this service and what we found

There were some risks to people's safety as their risk assessments did not contain enough detail in areas such as moving and transfer and epilepsy. This meant that new care workers might not have all the information they need to care for the person safely. Medicines were not managed safely due to poor recording and a lack of clarity about who was taking responsibility for supporting people with their medicines. The management team carried out checks to monitor the quality of care people received however the auditing of medicines records was not effective.

Pre-employment checks to ensure staff were safe and suitable to work with vulnerable people were not always carried out before staff commenced employment. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. People currently using the service said they were happy with the care they received from their small team of care workers.

People and relatives told us that staff were generally on time and where they were running late they were always informed of this.

Care workers completed an induction training and they told us they thought the training was helpful and they felt well supported by the registered manager. The service had not been operating long enough to carry out appraisals and individual staff supervisions were not recorded.

People were supported with eating and drinking and told us they were happy with the way they were supported. The service supported people with health needs and helped them to get medical assistance where required.

Complaints were recorded, investigated and responded to according to the provider's complaints policy but the outcome of the complaints was not always recorded.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 29 January 2019 and this is the first inspection

Why we inspected

This was a planned inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches of regulations in relation to safe recruitment of staff, safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.
Details are in our well led findings below.

Requires Improvement ●

Golden4 Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made telephone calls to people using the service and their relatives.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 December 2019 and ended on 20 December 2019. We visited the office location on 18 December and spoke to people using the service and staff on 19 and 20 December.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since

the last inspection. This included safeguarding concerns. We sought feedback from the local authority.

During the inspection

We met with the registered manager, the office administrator and two care workers during the inspection. We spoke with two people using the service on the telephone. We also spoke with the relatives of five people using the service to seek their views. We spoke with three care workers on the telephone.

We looked at the care records for four of the six people using the service. This included their care plans, risk assessments, records of care provided to them and medicines records. We looked quality assurance records such as audits and satisfaction surveys. We looked at staff training and recruitment records for six staff, records of complaints and safeguarding concerns and a selection of the service's policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We had feedback from professionals who visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely, Assessing risk, safety monitoring and management

- Medicines were not being managed safely so people were not always kept safe from the risk of avoidable harm. Staff recorded in daily records that they had given one person their medicines but were not recording what medicines they gave, and the registered manager said they should not have been providing support with medicines for that person. Another care worker signed for two medicines daily when they said they had only given one. Another person had a medicines administration chart which did not detail the medicines on it and there were gaps on the chart where it was not clear whether the care worker had given the medicines or not. The registered manager had not checked the medicines records effectively to pick up these errors so they could address them.
- One person had no risk assessment about medicines despite a known risk associated with medicines. There was a lack of clarity about whether this person's medicines were to be given by the care workers or not. This lack of clear guidance and risk assessment left the person at risk of unsafe medicines management.
- Staff had completed medicines training but had not been assessed as competent to give medicines prior to providing support to people.
- People had risk assessments in place, but some lacked detail needed to ensure safe care. For example, one person had epilepsy but there was no detail about the type of seizure they may have or how staff should respond to them. There were insufficient details of one person's moving and handling needs on the way to help them move from bed to chair safely. The person said they always had the same care worker who knew their needs and always helped them safely and the care worker knew what to do but if another care worker had to provide this person's care there was insufficient detail on how to provide this aspect of their care.
- One person's care plan said the care worker needed to monitor their skin for signs of pressure ulcers at every visit, but the daily records did not state whether or not the person's skin was checked at that visit. This meant there was a risk that the care worker may not have carried out this task for the person which left them at risk of developing a pressure ulcer.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Staffing and recruitment

- People were not always supported by staff who had been appropriately vetted and assessed by the service to work with vulnerable adults.
- Some staff had been recruited safely and had all the required checks in place in their files. The service is a

family business and the provider had not taken out the same checks on family members working for the service.

- Another staff member also had no employment history or references available. We asked for references and other recruitment checks to be sent to us after the inspection and this showed the staff member had commenced work without some of the required checks. Failure to take out required checks on staff leaves people at risk of being cared for by unsuitable staff.

This is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- People and their relatives said that staff were consistent and on time and informed them if they might be late. New care workers were introduced to them by a care worker they already knew so they had no concerns about staffing.
- Two people had care workers not turning up to provide their care a few months previously. Missed calls leave people at risk of harm. The provider did not have an effective call monitoring system in place at the time so did not know the person had not received their care. The provider has since improved their call monitoring system so office staff are alerted if a care worker is ten minutes late for a visit. This had ensured people were receiving their care as agreed.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse.
- People said they felt safe with their care workers. One person said, "I do feel safe with [my care worker]. He knows what to do and I am lucky to have him. I have a key-safe and that has always worked well. I do feel safe and well looked after" and a relative told us, "I definitely felt he (service user) was safe with [care worker] I really trust him and I have monitored and kept an eye on things."
- The service had a safeguarding procedure in place and the registered manager had a good understanding of what concerns they needed to report to external organisations. Staff had attended training in safeguarding and understood different types of abuse and how to report them.

Preventing and controlling infection

- Staff had training in infection control and people told us staff wore gloves when providing personal care. One person said, "He always wears gloves. He is very meticulous."

Learning lessons when things go wrong

- The registered manager told us they had learned from the incidents where care workers had not turned up to provide care to two people. They had implemented a new and more effective call monitoring system to ensure this would not happen again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People said they thought staff had the necessary skills to care for them. One relative said, "I do think they understand about dementia and seem to be able to communicate with [...] in a way that he can understand" and another said their care worker "knows exactly what to do to help me but letting me do what I can myself. I couldn't get better. He is so good and I'm very happy."
- Staff had completed an induction and relevant mandatory training. Staff had completed training related to the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- Staff completed training topics over two days and we asked if these topics had been covered in sufficient detail for staff to gain the required knowledge. Staff said they thought the training was good. The registered manager said that the training would be extended over a longer period from now on. There were no records of staff completing food hygiene training despite them needing to prepare food for people.
- Staff had not yet worked long enough to have an annual appraisal. Team meetings were held regularly but individual supervisions with staff were not recorded and kept in their file.

We recommend that the provider seek and implement national guidance about staff supervision in social care.

- The provider had carried out a spot check on some staff and recorded whether they were providing a good service and any improvements which needed to be made.
- Staff said they had been supported well and that they had received feedback about their work and could contact the manager and administrator for advice any time. One staff member said they had been supported well when visiting one person with complex needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed though some assessments lacked detail. One person's assessment did not detail their moving and equipment needs. The registered manager agreed to provide more detail in the risk assessment. Due to there being a consistent small staff team people told us their care workers understood their needs and provided good care. People said their needs were met.
- One person told us, "They are very proactive. They familiarise themselves with my health record" and another said their care worker knew what to do for them.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they had good support with their meals and their care worker provided them with what they wanted to eat. One person also said the care workers understood their specific dietary requirements and supported them with it. Care plans gave information about people's nutrition and hydration needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had good support with their health needs. One relative told us that the care workers understood a person's health needs and knew when to give them pain relief or call an ambulance. People's files contained detail of their health conditions and how they impacted the person's care needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Care plans documented that people had appropriately consented to their care. Staff had been trained in understanding mental capacity. They understood the importance of seeking people's consent.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us they were treated well and happy with their care from this service.
- One relative told us, "I was over the moon with [care worker]. I found them to be kind to [...] who is a difficult person to help. He spoke nicely to him and was always texting or phoning me to keep me up to date." Relatives said that care workers encouraged people to be as independent as they could, and one person had made progress in their ability to wash and dress themselves. Care workers were described as "chatty" and "lovely."
- People said staff talked to them and treated them well. One person said, "He is gentle when he helps me."
- A relative said, "They always call her by her name which she really likes too. We are very happy. They make sure she has some privacy and close the curtains as she dresses."
- One relative told us, "They stay for the full time; one hour in the morning and half hour in the evening and if they finish early they sit and chat with her which she really likes."

Supporting people to express their views and be involved in making decisions about their care

- The service involved people in planning their care. One person told us, "Initially they came out and we discussed who was going to call and what I needed, and it was all put in the plan that I have here, and the carer writes in every day."
- A relative told us their relative went to hospital regularly and was not always home by the agreed time the care worker would visit so, if they arrive and she is not in they will document this and phone her and check she is okay and ask her what she wants to eat when she gets home, and they will prep it enough for her to be able to finish it herself. They are so much better than the other agencies we have had."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- There was mixed feedback for people about whether it was easy to reach the office staff, but most people said it was. The service kept a record of complaints and safeguarding issues but the outcome of these was not recorded in the file, so it was not possible to see whether they had been resolved to the person's satisfaction or not.
- One relative was unhappy that the agency has not resolved a concern and we asked the registered manager to address this after the inspection which they agreed to do. The provider had not resolved this issue with the local authority. This matter was resolved after the inspection.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us their care staff met their needs. They did not raise any concerns about the quality of the care. They all had a care plan detailing their needs.
- People had been involved in devising their care plan. One person told us they had a copy of their care plan and were involved in devising it. Care plans addressed people's needs and wishes and provided guidance to staff on how to support people in areas such as personal care, mental capacity, finances and physical health.
- People told us they had copies of their care plans in their home. Where the person was not able to read a care plan their relative confirmed the plan was in place and that they had been involved in it.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff demonstrated good understanding of how to communicate well with each person they were providing care to. The agency had been supporting a person who requested a care worker who spoke their language. Staff were able to communicate with all the people using the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service doesn't support people with activities and interests as they only provide personal care. People reported they had formed good relationships with their care workers.

End of life care and support

- The provider's website stated that they had staff trained to deliver end of life care, but this was not the case. The service does not provide care to people at the end of their life and staff were not trained to do so. The registered manager said this was not planned in the short term.
- Staff were aware of what to do in medical emergencies and gave an example of where they had called an ambulance for a person in an emergency.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- The registered manager and staff were clear about their roles, but the registered manager was also providing a significant amount of the care to people so was working as a care worker most of the time. This had led to a situation where a family did not know their care worker was the manager of the service and was expecting communication from the manager. We advised the registered manager to make their role clear to relatives and people using the service which they said they would do after the inspection.
- They had not made any notifications to us to let us know there had been safeguarding allegations which is a legal requirement. We confirmed to them that they are required to notify us of certain incidents and events in accordance with legal requirements.
- The registered manager gave us some examples of continuous learning and improvements. They had improved their call monitoring system, changed their training provider, introduced audits of daily records and changed practices because specific complaints. All of these had led to improvements in the service.
- However, we identified areas for improvement which the registered manager had not identified through their internal processes. The medicines records were audited but the audits were not effective. We found concerns about the recording of medicines given to people and these errors had not been found by regular quality audits. The provider audits had also not picked up gaps in the staff recruitment checks or that the outcome of safeguarding alerts and complaints were not consistently recorded.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture in the service where the staff knew the people they were working with well and worked in a person-centred way with them.
- One relative told us, "If they arrive and she is not in they will document this and phone her and check she is okay and ask her what she wants to eat when she gets home, and they will prep it enough for her to be able to finish it herself. They are so much better than the other agencies we have had."
- Another relative said that the care worker would feed back to the service any improvements the person would like.
- People using the service found them to be reliable and one person said, "I do think they are a good agency. We've been through several agencies prior to this and it's the first one I've not had to keep phoning

to see whether the carers are coming."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service has sent surveys to people asking for their views on the quality of the service. We saw these gave positive feedback. The office administrator said they also phoned people regularly to check their satisfaction but there were no records of these calls.
- People's equality characteristics were considered, and staff were able to tell us of people's different needs and wishes.
- The registered manager was aware of the duty of candour requirement.

Working in partnership with others

- The registered manager told us they worked in partnership with the local authority and acted on their recommendations. They had changed their care consultant and training provider as recommended by the local authority.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have suitable systems in place for the safe management of people's medicines and risks.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not effectively assess and monitor risk and quality of the service.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People were not fully protected by the provider's recruitment processes